PATENT

Atty. Docket No.: 2832 (203-3308 PCT US)

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Christopher J. Criscuolo et al. Examiner: Michael T. Andersen

Serial No.: 10/517,402 Group: Art Unit 3734

Filed: December 7, 2004 Dated: February 26, 2007

For: HERNIA MESH TACKS

Mail Stop: RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.

[X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2) (Col. 3)		SMAL	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	CLAIM REMAI AFTER AMENI	NING	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		ADDIT.	OR	RATE	ADDIT. FEE	
TOTAL	15	MINUS	20	= 0	X	\$50	X	\$25 .	\$ 0	
INDEP.	2	MINUS	3	= 0	X	\$200	X	\$100	\$0	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM X \$360							X \$	180	\$0	
				ADDIT. F	TOTAL EEE	<u>\$ -0-</u>	OR T	OTAL	\$ 0	

^{*} If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: February 26, 2007

Dana A. Brussel

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge Deposit Account No. <u>21-0550</u> in the amount of \$___. Two (2) copies of this sheet are enclosed.
- [] A check in the amount of \$____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

Dana A. Brussel Reg. No. 45,717

Attorney for Applicant(s)

CARTER, DELUCA, FARRELL & SCHMIDT, LLP 445 Broad Hollow Road, Suite 225 Melville, New York 11747 Telephone: (631) 501-5700

Telephone: (631) 501-5700 Facsimile: (631) 501-3526

.Correspondence address:

Chief Patent Counsel
United States Surgical,
a Division of Tyco Healthcare Group LP
195 McDermott Road
North Haven, CT 06473